

DEPARTMENT OF SOCIAL SERVICES PAYMENT REQUEST/RECEIVING REPORT

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|--|---|
| VENDOR NUMBER: VENDOR NAME & ADDRESS: | AGENCY NAME & ADDRESS: AGENCY CONTACT PERSON: AGENCY PHONE NUMBER: |
|--|---|

| DESCRIPTION | INVOICE/JOB NUMBER | DATE REC'D | QTY REC'D/QTY REQ'D |
|-------------|--------------------|------------|---------------------|
| | | | |

| FISCAL YR | AGENCY NO | ORG | OBJECT | SUB OBJECT | REPT CAT | ACTY | AMOUNT |
|-----------|-----------|-----|--------|------------|----------|------|--------|
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |

I certify that the above-listed items are authorized purchases for the Department of Social Services.

| | | |
|---------------------|--------------|---------------------------------------|
| PREPARED BY: | DATE: | SIGNATURE OF AUTHORIZED AGENT: |
|---------------------|--------------|---------------------------------------|

Submit completed form to: DSS - OM & F
 Division of Fiscal Services
 Payment Management Section/Purchase Order Unit
 P.O. Box 3927
 Baton Rouge, LA 70821